Humanitarian Politics and the Rise of International Disaster Psychology

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Summary: The chapter analyses the rise of international disaster psychology in relation to humanitarian politics. It explores how developments within donor countries and their humanitarian sectors at the end of the Cold War shaped the growth and character of international disaster psychology. The aim of the chapter is threefold. First, the chapter discusses the contemporary Western ethnopsychology and the psychologising of life experiences in donor countries. Second the chapter examines the crisis of belief in the aid sector and how this has facilitated the psychologising of disaster relief. Third the chapter outlines problems with the international psychosocial approach and argues for the importance of social meaning for recovery after disaster.

Introduction

International disaster psychology work expanded rapidly in the last decade. In the 1980s international emergency responses were often synonymous with famine relief. Yet in the 1990s the image of the traumatised victim displaced the famine victim as the iconic figure of suffering in the disaster literature. Before the end of the Cold War psychosocial intervention did not feature in international humanitarian work, but within a few years psychosocial programmes had become standard in disaster relief. The chapter analyses the rise of international disaster psychology in relation to humanitarian politics. International disaster relief is not apolitical (Macrae, 2001; de Waal, 1997), nor is disaster psychology work as an aspect of international disaster relief. The nature of humanitarian aid proffered to disaster-affected populations is entwined with the relationship of international humanitarian organizations, overwhelmingly Western, to their own societies and governments. The chapter explores how developments within donor countries and their humanitarian sectors at the end of the Cold War shaped the growth and character of international disaster psychology. The aim of the chapter is threefold. First, the chapter discusses the contemporary Western ethnopsychology and the psychologising of life experiences in donor countries. Second the chapter examines the crisis of belief in the aid sector and how this has facilitated the psychologising of disaster relief. Third the chapter outlines problems with the international psychosocial approach and argues for the importance of social meaning for recovery after disaster.

Western ethnopyschology

The rapid growth of international disaster psychology has essentially been spurred by developments within Western donor countries. These developments have encouraged the application of psychological models to social problems alongside changed cultural expectations about how people cope with adversity. Psychology has come to dominate how Western societies conceptualise experiences and its influence is not confined to professionals. Psychology's dominance arises from how the personal emotions are the standpoint from which people today in Western societies understand their lives as a consequence of atomisation and the erosion of tradition and shared political or communal beliefs.

As personal feelings have come to the fore, Western emotional norms have shifted from emotional reserve to openness. Yet the Western individual of today is not a robust creature for all its cult of the self (Furedi, 2003; Lasch, 1984). Instead individuals appear insecure and disorientated by the loss of communal bonds and beliefs. Individuals' psychological security is related to the security of their relationships and communal purpose. Selfhood is bound up with what the philosopher Charles Taylor calls 'an orientation towards the good' or a moral, philosophical or political framework (Taylor, 1989). The psychoanalyst Erik Erikson's identification theory sets out the importance of individuals' identification with other people and a conception of the good for their own development, also suggesting reasons for the contemporary crisis of selfhood (1968, 1980). Strong beliefs and relationships foster strength of character. However post-traditional, post-political and post-modern Western societies lack both strong beliefs and relationships that foster strength of character (Furedi, 2003; Lasch, 1984; Sennett, 1998). Relativism rather than conviction, suspicion rather than belief, mistrust rather than trust typify the Western outlook today along with a growing scepticism over the possibility of human progress and its gains. The weakened sense of personal or communal purpose has fostered a more passive, plaintive personality type prone to demoralisation. These characteristics influence the social and personal impact of disasters.

People's lives have a tenuous coherence and they feel psychologically vulnerable in the face of any obstacles or setbacks. Victor Frankl, whose logotherapy is expressly concerned with 'the will to meaning', identifies an existential vacuum underlying many contemporary psychological disorders (Frankl, 1992). Psychological insecurity is illustrated by the widespread diagnosis of post-traumatic stress disorder (PTSD) in the West. PTSD has been insightfully analysed as a disorder of meaning, which represents an acute manifestation of the general cultural insecurity over identity and meaning (Bracken, 2002; Young, 1995). The psychological fragile personality seems to find meaning in the diagnosis of PTSD as a disorder that captures contemporary existential fears (Furedi, 2003; Nolan, 1998, pp. 9-17). Cultural critics have diagnosed Western society today as a 'post-traumatic culture' (Farrell, 1998). However, if PTSD is understood as a disorder of meaning (Bracken, 2002), this suggests both the culturally specific appeal of PTSD counselling and its limitations in addressing both individual and the wider social crisis of meaning.

The psychologisation of human experience today is not simply led by professionals, but is also facilitated by individuals seeking social recognition through diagnosis (Shaw and

Woodward, 2003). Diagnosis as social recognition accords with the standpoint of the demoralised and atomised individual. Diagnosis also epitomises how social action has mutated into professional intervention at the level of the individual as political activism has receded. At the same time, social improvement is increasingly tackled by policy-makers through self-improvement strategies enhancing self-esteem and perfecting interpersonal communication skills rather than the massive New Deal-type initiatives of previous eras (Giddens, 1994; Samuels, 2001). Public policy interest in emotional communication further accords with new business methods requiring flexible 'soft' skills to facilitate communication and adaptability in fast moving markets (Sennett, 1998). From school pupils becoming playground peacemakers to self-esteem coaching for the unemployed to staff development training for self-awareness, there is a converging demand for individuals to be trained in 'emotional literacy'.[1] Emotional literacy has become central to strategies seeking to enhance personal performance or improve the social environment. Organisations increasingly provide preventive therapeutic programmes even where individuals do not ask for psychological support. Culturally individuals are expected to need professional emotional assistance to cope with any changes in their lives.

Proponents argue that these trends should be welcomed as creating a more caring environment, and enhancing emotional sensitivity and expression (Giddens, 1994; Kraemer and Roberts, 1996; Orbach, undated; Samuels, 2001). Yet critics have drawn attention to the coercive potential of emotional management and the risks of estranging people from their emotions under the instrumentalisation or 'McDonaldization' of the emotions (Mestrovic, 1997, p. 146; see also Hochschild, 1983; Furedi, 2003; Stearns, 1986). The stress on the importance of psychological well-being for social well-being is leading to the emotions, not simply behaviour, becoming more regulated in public policy and business practice. Emotional management involves the validation of specific emotional norms and the invalidation of others towards the development of a specific model of the self. This model of the self not only embodies the notion of the self as psychologically vulnerable, but tends to pathologise the previous ideal type of the self as the robust self-disciplined character. Notably, passion and anger tend to be viewed with suspicion and have been singled out for treatment in Western emotional management approaches which seem fearful of spontaneous expression (Furedi, 2003; Nolan, 1998; Stearns and Stearns, 1986). Under contemporary Western emotionology, unregulated expression appears to be associated with emotional dysfunctionality.

A fear of emotional dysfunctionality arising from untreated trauma is one imperative that drives mass trauma counselling programmes. Another imperative for mass trauma counselling programmes is how therapy has now become an integral part of public ritual in Western societies, conferring social recognition of suffering. The next section explores the social role of counselling in contemporary Western emotionology.

Social role of counselling

The changed cultural expectations and political climate have meant both greater receptivity to therapy and therapy acquiring a new public significance. The

psychologically-disposed culture has encouraged the proliferation of counselling and mediation services and professionals. Significantly, therapeutic rituals rather than religious rituals now dominate the contemporary culture. If diagnosis confers social recognition, therapy authenticates claims. Strikingly today any media report of a crime or tragic incident states how the victims are being offered counselling to underscore the seriousness of their suffering. Thus a BBC radio news report on the recent tragic drowning of Chinese cockle-pickers in Britain stated how the survivors were receiving counselling 'which indicates […] how difficult things have been for them.'[2] Here we see how Western cultural expectations of emotional vulnerability and the need for therapeutic intervention are being projected onto people from other societies. Significantly legal advocates have found that asylum seekers to Britain or other European states are expected to exhibit trauma or doubt is cast on the authenticity of their claims to refugee status. Well-prepared asylum claims now almost invariably highlight how the applicant is suffering from PTSD and has required counselling.

Therapists have been characterised as the new priesthood supplanting religious figures as guardians of social norms (Nolan, 1998). Religious observance too has become therapeutised with prayer and religious services adopting therapeutic forms and justifications. The therapeutic approach as a form of religion suggests how social expectations of psychological fragility have become normative. On the one hand, by demonstrating psychological vulnerability and seeking therapy, people show that they are responsible caring citizens in today's ethos. On the other hand, individuals not displaying psychological vulnerability or dismissing counselling risk being branded as uncaring and socially reckless. In Britain, the traditional stiff upper lip is vilified rather than endorsed today. Even the British royalty is not excused from the precepts of contemporary emotionology. Members of the royal family were attacked in the British media for being undemonstrative in public at Diana's death. In turn, unemotional reporting in the face of tragic events is increasingly unacceptable (Mayes, 2000). In the contemporary therapeutic culture, emotional reserve risks being equated with unfeeling and denying the suffering of victims. Likewise, the buzz and excitement experienced in disaster relief work is becoming socially unacceptable to express as transgressing therapeutic precepts. The cultural validation of psychological vulnerability as an empathetic reaction helps account for the apparent growth of secondary trauma among the emergency services today. norms discussed above. In today's therapeutic culture, relief workers may find themselves under cultural pressure to express psychological vulnerability as an expression of empathy towards victims in a disaster. Tellingly secondary stress disorder has been outlined by the Dart Center for Journalism and Trauma as an 'empathic response that affects people such as therapists and journalists when they become overwhelmed by others' traumatic experiences' (http://www.dartcenter.org/selfstudy/index.html). However, the professional or wider cultural validation of vicarious psychological vulnerability as an empathetic response does not necessarily represent a more compassionate professional outlook. Arguably the phenomenon represents a more self-centred response in which professionals' attention has become subtly re-oriented towards *their feelings* towards the victims' suffering rather than the victims' suffering. Amidst this validation of psychological vulnerability, it should perhaps be restated that professionals becoming

overwhelmed by what they see is not very useful for victims who need practical actions to be undertaken to alleviate their situation.

Since counselling routinely accompanies ordinary life events, it is not surprising that counselling should become a standard response in disasters both domestically and internationally. Therapeutic responses are devised on the assumption of vulnerability, with debriefing teams being sent to an area and proactively giving counselling, not waiting for individuals to request support. Salutogenic studies, which explore people's resilience, are relatively rare in the trauma literature and have been overlooked in disaster planning in recent decades (Almedom, 2004; Waysman et al, 2001). This neglect is unsurprising culturally since salutogenic approaches go against the grain of contemporary Western emotionology. Western emotional norms validate even virtual experiences as inducing trauma requiring psychological intervention (Coward, 2001). That individuals at risk of psychological emotional trauma now encompass those who see disaster scenes on the television demonstrates the normalisation of psychological vulnerability in Western societies. Various Western universities, for example, discussed offering counselling over the Iraq War to students at their institution whose only encounter with war was liable to be through their television sets. Trauma counselling has become culturally expected so that even close communities with effective informal networks invite professional support. In this vein, a mass trauma debriefing programme for all pupils and their parents was immediately proposed at an English Lincolnshire village school following the shooting dead of a pupil by a fellow pupil.[3] Yet by all accounts the rural village enjoyed good social networks that belied the need for mass professional support. Indeed the local Lincolnshire NHS trauma centre considered the proposal for a mass debriefing programme inappropriate for the community and declined to undertake one. For the efficacy of mass psychological debriefing programmes is increasingly questioned, not just in cross-cultural psychology but more broadly (Rose et al, 2003a, 2003b; Ørner and Schnyder, 2003; Sensky, 2003a). The continuing advice of the Cochrane Review has been that, 'There is no current evidence that psychological debriefing is a useful treatment for the prevention of post traumatic stress disorder after traumatic incidents' (Rose et al, 2003b). However such is the cultural expectation of the need for professional intervention that this advice may be ignored. The BBC, for example, decided to press ahead with debriefing counselling for its journalists reporting on the Iraq War.

Irrespective of whether people appear resilient, they are presumed in the prevailing therapeutic model to require preventive therapeutic support. Proponents are self-consciously eschewing reference to 'traumatised community' for 'affected community' and 'victims' for 'survivors' so as not to pathologise and demean populations.[4] Nevertheless these semantic changes do not signal a rolling back of psychosocial programmes and their pathologisation of populations, rather a pathologising of the meaning of survival and resilience. In the model, resilience too is understood as a condition, which requires professional assistance to process emotions and thus effectively pathologised. For the model tends to conflate the experience of distress with emotional dysfunction requiring therapeutic management (de Jong et al, 2000), As such, trauma counselling programmes may be experienced as an education into vulnerability. That professional interventions should have become the norm even for tight-knit communities

illustrates how the therapeutic ethos lacks confidence in ordinary people's capacity to support each other. The prevailing therapeutic model ignores or at best pays lip service to the fact that how people respond to tragic events is influenced by communal, political or religious beliefs and networks, and cannot be reduced to the scale of casualties (Shepherd, 2000). Crucially the model ignores how the very experience of tragedy may actually bring people together and counter social atomism and re-invigorate fragmented communal ties (Joseph et al, 1993). Disaster may actually foster social integration rather than social disintegration that help support people in their adversity. Again the model conceptualises the impact of war solely in terms of causing social disruption,[5] ignoring how mobilising for war including civil war requires mobilising a constituency and that communal identities have historically commonly been forged through the very experience of war (Duffield, 2001; Wrong, 1994). In other words, although war may break particular social ties, equally war depends on mobilising social ties and may therefore strengthen those ties and support networks.

We do not have to go back many decades to see very different emotional norms operating. The present expectation of vulnerability may be compared to past validation of resilience. Popular magazines such as the Picture Post in Britain saw featuring stories of dignity and heroism among ordinary people as part of their mission. The Welsh Aberfan landslide disaster of 1966, killing over a hundred children and adults, exemplifies past stoicism. Therapy was not provided to the bereaved families, while the surviving children were returned to classes as soon as practically possible to avoid them dwelling on the tragedy (Furedi, 2003, p. 19). The villagers were commended in the media coverage at the time for how well they were supporting themselves. Such responses would be unthinkable and condemned today. Indeed Aberfan and other past disasters are being re-interpreted in line with present emotionology, resulting in retrospective demands for trauma counselling to deal with the tragedy. But would trauma counselling have eased the bereaved community's suffering? Would teams of counsellors coming to the village have been experienced positively or negatively as 'disaster tourists', the many outside visitors who the villagers were wary of and disliked?

The cultural change is often regarded as a sign of a more sensitive culture. Yet the presumption for the need for mass counselling is insensitive to the disruptive consequences of professionals descending on an area and managing people's grief – as if people do not grieve properly unless supervised by professionals. The normalisation of mass counselling programmes implicitly disparages how family, friends and neighbours respond to each other in the wake of a tragedy. An unspoken mistrust of the community's moral and emotional capacity to comfort the bereaved underlies the imperative to bring in professional support. Even where a community appears fragmented, the very experience of disaster may pull a community together (Rogers, 1993), but this phenomenon is overlooked in current disaster psychology. The parachuting in of professionals to manage people's feelings according to the prevailing professional emotional script unwittingly distances people from each other. The dominance of professional intervention represents a technical quick fix that individualises the experience of disaster and interrupts how communal bonds are remade in shared experiences and reciprocal relationships.

The psychiatrist Sally Satel has explored the lessons of 9/11 for professional trauma responses (Satel, 2001; Satel and Sommers, 2002). Satel has described the responses to 9/11 as a 'missed opportunity': missed in the sense that although mass psychiatric damage among New Yorkers did not materialize, the professional therapeutic responses ran the risk of suggesting to individuals a pathological interpretation of normal reactions (sleeplessness, crying) and encouraging them to think of themselves as defeated or sick.[6] The responses were a missed opportunity in another sense: although the mass trauma predicted did not materialise, the professional therapeutic responses disrupted the potential renewal of a shared communal outlook and purpose, which could have been galvanised by the horrific act. Instead the professional responses reinforced the culture's atomised nature instead of challenging it. Hence, the efficacy of mass trauma counselling is questionable not just at the level of the individual but at the communal and national level. The dominant therapeutic model, even in its newly-declared affirmation of resilience, invites people both to see themselves as unable to move on without professional support and to focus inwards on their personal feelings. Whether individual or group therapy, the therapeutic model tends to affirm personal passivity and disengage people from social action through which society could transcend disaster.

In summary, what I am questioning here is not simply the dangers of imposing Western disaster psychology on non-Western societies, but equally problems with contemporary Western disaster psychology for Western societies. Nevertheless, controversial therapeutic programmes continue to be promoted for disaster-affected populations globally and influence international humanitarian responses. Furthermore today's politicisation of disasters in the international sphere tends to attribute the disaster to some fault of the community. We will see below how the concept of complex (political) emergency in international aid work questions the capacity of the affected community to rehabilitate itself without outside intervention.

Crisis of humanitarianism

The rise of international disaster psychology programmes was further propelled by developments within the humanitarian sector. Humanitarian organisations have become increasingly important voices in public discourse since the end of the Cold War with the erosion of previous political affiliations. The US writer David Rieff has described humanitarianism as 'the last coherent saving ideal' of the West (Rieff, 2002, p. 120). Humanitarianism's appeal to empathy for people suffering corresponds with the prevailing ethos of Western societies. Personal emotions are the standpoint from which people today in Western societies understand their lives and empathy has become a key principle of ethical behaviour in Western countries, lacking strong beliefs following the erosion of traditional values and ideologically-based politics.

Yet the focus on humanitarianism over the last decade has involved fundamental questioning of its mission, even as humanitarian programmes have massively expanded. Modern humanitarianism was born out of an aspiration to recognise a common humanity transcending political, national or social differences. But, as I will return to below, a tension lurks in charitable or welfare provision between the affirmation of a common

humanity versus a judgement as to worthiness of the recipient, that is, a tension between the provision of aid to the needy and their moral reform. Notably Western individualism has been disposed to understand social problems in terms of personal character. To be dependent on charity has frequently been associated with a failing of character, but traditional humanitarianism did not make the character of the recipients an issue as their plight in war or disaster was regarded as exceptional and temporary due to no fault of their own. However, the humanitarian debates of the last decade have led to new attention to be paid to the character of recipient communities.

The broader loss of confidence in donor societies has eroded confidence in humanitarianism, and cast doubt on the validity of humanitarian work and the humanitarian recipient alike. Humanitarianism as a symbolic gesture of empathy from donor to recipient informs humanitarian ideals, but, as former Oxfam official Tony Vaux acutely observes, altruistic motives and actions not underpinned by convictions become subject to endless doubt (Vaux, 2001, p. 1). The humanitarian sector was markedly riddled with doubt over its mission in the 1990s, notwithstanding its public standing and impressive growth. Indeed the very high profile of humanitarianism and the support aid organisations received from official donors created unease among humanitarian workers. Humanitarians found it hard to cling to a belief that their work was altruistic and improved the lives of recipients. A raft of publications were written highly critical of humanitarianism, notably Mary Anderson's *Do No Harm: How aid can support peace – or war* (1999), Ian Smillie's *The Alms Bazaar: Altruism Under Fire* (1995), Michael Maren's *The Road to Hell* (1997), Timothy Morris' *The Despairing Developer* (1991), John Prendergast's *Crisis Response: Humanitarian Band-Aids in Sudan and Somalia* (1997), David Rieff's *A Bed for the Night: Humanitarianism in Crisis* (2002), David Sogge's *Compassion and Calculation* (1996), Fiona Terry's *Condemned to Repeat?: The Paradox of Humanitarian Action* (2002), Tony Vaux's The Selfish Altruist and Alex de Waal's *Famine Crimes* (1997) to name some of the more prominent critiques. Damning reports on aid work also seeped into newspapers and magazines which compared humanitarians to imperial missionaries of the nineteenth century (*The Economist*, 2000; Jenkins, *). Even popular culture, where humanitarian work had been treated as sacrosanct, have voiced criticisms. The cartoon Southpark conspicuously ridiculed humanitarian activities in its Stavin' Marvin episode which portrays humanitarianism as a overblown industry leeching off others' suffering and harming its purported beneficiaries.

Some of the most trenchant attacks on humanitarianism have strikingly come from within the humanitarian sector: Michael Maren, for example, has worked for USAID, Tony Vaux for Oxfam, and Fiona Terry is a director of research for Médecins Sans Frontières. These accounts testify to a profound internal crisis of legitimacy whose particular character facilitated the adoption of psychosocial work. The humanitarian crisis of legitimacy revolved around three themes: humanitarian principles, the bureaucratisation of aid and the efficacy of material aid. Many aid workers were dismayed at the technologies of humanitarian relief as the sector grew and feared that humanitarianism was becoming driven by the expediencies of organisational growth rather than altruism (Maren, 1997). The perception that the technologies of aid were becoming dehumanising was exacerbated by questions over the usefulness of humanitarian aid work. Was relief

work doing any good or was it even doing harm? The altruism of aid organisations could no longer be taken for granted and challenged the motives of individual aid workers too. Vaux writes of the 'selfish altruist' (Vaux, 2001), Rieff of the 'moral alibi' (Rieff, 2002, p. 96). Racked by self-doubt, empathy for the suffering of others had become an insufficient guide to action.

New codes of conduct were developed in the 1990s, but definitive principles to inform work proved elusive. The very preoccupation with codes spoke of disorientation within humanitarianism: uncertainties with its mission and mistrust of aid workers. Humanitarianism was charged with being short-termist and jeopardising people's long-term security. Accounts such as Mary Anderson's *Do No Harm* (1999), Fiona Terry's *Condemned to Repeat?* (2002) or Alex de Waal's *Famine Crimes* (1997) have drawn attention to how humanitarian aid could aggravate crises, destabilize precarious local economies and fuel conflicts. The cry that 'we are part of the problem' is a sentiment that runs through humanitarian accounts of the last decade. As Vaux explores, 'providing a few sack of food was virtually the same as providing a Kalashnikov rifle' in conflict situations where humanitarian aid would be exchanged for weapons (Vaux, 2001, p. 82). It has long been argued that there are 'no humanitarian solutions to humanitarian problems', however the earlier aspirations for international development have not come to fruition and have been abandoned. The prospect of significant material advancement of the world's population is off the international policy agenda. Populations in the South remain far more vulnerable to natural disasters than post-industrial populations as the devastating Bam earthquake of 2004 testifies. Instead of development eradicating humanitarian disasters, a state of humanitarian crisis has become normalised, while humanitarian aid has become a key form through which Northern countries relates to the South. At the same time, humanitarian relief has become burdened with developmental responsibilities as international development has retreated.

Arising from this developmental burden, the greatest attacks on the aid sector of the last decade have been on their traditional emergency relief work, condemned as short-termist and irresponsible. Furthermore, having normalised a state of humanitarian crisis as characteristic of particular societies, moral concerns over the character of recipient societies and their rehabilitation now pervade humanitarian work with its additional developmental responsibilities. Critics have typically argued that humanitarian organisations need to reflect on their role, how aid may create dependency, reinforce inequitable structures and address how humanitarian relief might address the root cause of disasters and promote developmental and human rights goals (Anderson, 1999). Yet the developmental burden being placed on humanitarianism arose out of despair with the development project itself. Unsurprisingly, the experience of repeated disasters and long-standing conflicts with little prospect of material transformation together with the questioning of humanitarian principles and efficacy of aid have demoralised humanitarianism and humanitarians. As one UN official is quoted as saying, 'This will be the third time I've rebuilt this place […] I can't see doing it a fourth time' (in Rieff, 2002, p. 22).

The crisis of humanitarianism, the normalisation of humanitarian crises and humanitarianism's developmental burden all have implications for how aid recipients are treated and influenced how their emotional wellbeing has been instrumentalised in international aid policy. The normalisation and politicisation of disasters has meant that humanitarian victims are no longer exempt from moral and political judgements. As humanitarianism is burdened with developmental responsibilities so too is psychosocial aid as part of contemporary humanitarian programmes. But before I examine this aspect of disaster psychology work further, I will explore the attractions of psychosocial programmes for humanitarian workers. An important appeal of psychosocial work has been as a reaction against the bureaucratisation of aid and the treatment of people as abstractions and undifferentiated victims. International trauma counselling seeks to address how people and communities *personally* experience disaster or conflict. Western relief workers are also imputing their feelings of vulnerability and demoralisation onto disaster or conflict-affected populations. But populations do not simply experience disasters passively, but do so within political, spiritual or moral frameworks. Groups or individuals having a sense of purpose, whether from political or religious convictions, communal duties, professional commitment or personal pride, may interpret distressful experiences as challenges to be surmounted and tests of courage, rather than in just negative terms (Bracken, 2002; Cherniss, 1995; Frankl, 1964; Waysman, 2001).

Relief workers in earlier decades have seemed extraordinarily resilient despite the enormities of their mission. In the so-called golden age of humanitarianism in the 1970s and 1980, relief workers enjoyed considerable personal independence in their role and had tremendous confidence in the efficacy of their work as compared to present-day relief workers. In contrast today, relief workers' dedication and sense of pride in the humanitarian mission, which helped make previous generations of relief workers remarkably resilient, have been severely strained by humanitarianism's crisis of legitimacy. Relief workers have found themselves subject not just to new physical hazards, but to new ethical and political attacks over their mission. The endless chasing of grants and donor funding requirements as well as institutional responses to humanitarianism's crisis involving more auditing mechanisms and paper work have tended to constrain the autonomy previously enjoyed by relief workers and compound general feelings of frustration and demoralisation in their work. More fundamentally the meaning of humanitarianism has been thrown into doubt by attempts to create a robust humanitarianism. The concept of humanitarian enforcement intended to invigorate humanitarianism has risked imploding the very identity of humanitarian organisations as humanitarians. If humanitarians can no longer be defined by their non-violence because of their advocacy of military intervention, and Western military forces also define themselves as humanitarians, then what is left of the humanitarian identity today? What makes humanitarian organisations any different from any other organisation? The accumulation of these developments makes it harder to feel humanitarian work redeeming.

As a syndrome of meaning (Bracken, 2002, p. 187), the apparent growth of PTSD among relief workers may be considered an extreme expression of the broader crisis of legitimacy in humanitarianism. The importance of humanitarianism's crisis of legitimacy

has been neglected in the existing literature on PTSD in humanitarian staff. Analysis does highlight the bureacratisation of aid work, but primarily draws attention to external dangers and stressors, and the need to develop support systems and training for staff (Eriksson et al, 2001; McCall and Salama, 1999; Smith et al, 1996). It has been contended that aid workers experience more stressful emergencies today than earlier 'straightforward natural disasters' (Salama, 1999, p. 12), as if past emergencies were ever straightforward. Yet the humanitarian emergencies of the past were potentially as complex as today's so-called complex political emergencies. However, the Cold War solidarist framework and humanitarianism's more tightly-defined mission of relief simplified both the humanitarian goals and the ethical issues that humanitarian workers were confronted with in their work. In essence, the solidarist framework assumed the legitimacy of host governments and humanitarian organisations, and did not override official representations of humanitarian disasters or investigate any political culpability in creating or exacerbating the disaster. The Ethiopian famine of 1984, for example, was not a straightforward natural disaster, but humanitarian responses treated the famine as if it were rather than arising from a regional conflict involving the government (Vaux, 2001). The today's concept of 'complex political emergencies' would treat the Ethiopian famine differently and complicate how humanitarian staff approached their mission. The new responsibilities placed on humanitarian aid, the charge that aid may exacerbate crises and the concept of humanitarian (military) intervention have all created new ethical dilemmas and anxieties for humanitarian staff.

Humanitarianism's crisis of legitimacy, rather than simply the severity of exposure to danger or suffering in the field, needs to be taken into account in explaining the instance PTSD among humanitarian staff. Mental health problems among humanitarian staff have been a conspicuous feature of troubled missions where staff have been most demoralised in their work. The Somalia mission of 1992 pointedly revealed humanitarianism's disorientation and despair, even before the outrage over responses two years later in Rwanda. Oxfam, for example, documented after its Somalia operation significant mental health problems among its staff arising from a muddled and ill-fated mission in which staff experienced 'feelings of personal inadequacy to anger and disillusion with aid work" (quoted in Vaux, 2001, p. 154). Rapid growth in trauma counselling for international aid workers, peacekeepers, journalists and human rights workers has followed humanitarianism's troubles in the 1990s. Yet counselling, irrespective of its cultural resonance, cannot overcome a broader crisis of morale within humanitarianism or society more generally.

Pathologising affected populations

Moreover, international psychosocial programmes may be expanding alienating technologies by instrumentalising the emotions. This aspect touches on the allure of psychosocial intervention for international aid thinking. Psychosocial approaches were enthusiastically embraced as revitalising the international aid project in the wake of the international development policy debacle. Psychosocial intervention is seductive in aspiring to address the dual aspects of charitable and welfare provision - both the suffering of recipients and their improvement – and seemingly overcoming the perils of

material aid attacked for feeding killers and creating dependency. I have already alluded to how Western societies are disposed to understand society as the sum of its individuals and equate reforming society with reforming individuals. The Anglo-American therapeutic ethos essentially conceptualises social problems as rooted in a defective ethnopsychology: improve the psychological well-being of people and how they interact with each other and the social environment will be improved. Conversely when the psychological well-being of people is threatened, their behaviour and their relationships deteriorate, according to the model, creating a vicious cycle in which the social environment is damaged. International reports typically link psychological suffering with social instability (WHO, 2002, p. 6). Both preventive and curative psychosocial interventions are therefore regarded as vital to rehabilitate populations whose culture and personality is problematised as complicit in the crisis, especially war-affected populations (Common Bond Institute, 2003; Volkan, 2001). Thus the agenda of international psychosocial work is not simply concerned with relieving suffering, but prescribing a particular emotional script to reform the recipient society. Consequently, the emotions of disaster or war-affected populations have become a legitimate area of external intervention under the prevailing therapeutic model which assumes universal vulnerability, rather than general resilience, and has even redefined resilience and self-help as a condition requiring professional management. International psychosocial thinking has become very critical about medicalised treatment models and has shifted to more community-based activities. So, reports may speak of how 'Psychosocial support is not so much about treatment but about helping people to find their own strengths' (Rodenburg, 2004).

Unacknowledged by advocates is the disciplining aspects of international psychosocial work, perhaps revealed in the reluctance to accept that a community might not want or need therapeutic interventions. Again unacknowledged by proponents is the tension between the psychosocial programmes goal to alleviate the psychological suffering of a community, and rehabilitate a community. The recipient community has an ambiguous place in the international therapeutic model because the ultimate causes of humanitarian crisis are traced in international psychosocial thinking to the character of the community. Indeed the very strength of communal relations in the face of crisis can be treated as an obstacle to the community's rehabilitation when the community's problems are seen as bound up with the character of its communal relations. Hence irrespective of whether a community appears to be holding up it is deemed in need of psychosocial aid: for in not admitting its psychosocial needs, as manifested in the crisis, the community is in denial and storing up problems for the future.

The prevailing international therapeutic model is not only inappropriate to address the needs of disaster-affected populations, but demoralises them as moral agents. More significant perhaps than questions over the efficacy of the numerous international psychosocial programmes is their insidious redefining of the problems facing pre-industrial or semi-industrial societies globally in terms of their psychological state. Psychological distress, for example, has been cited in a WHO report as the greatest health problem facing people in Afghanistan (WHO, 2001). The diagnosis of mental health as the worst health problem confronting Afghanistan, a country suffering one of the lowest

rates of life expectancy and highest rates of infant mortality, seems perverse. However, the idea has gained currency in international policy through Western psychosocial models' influence, which would conceptualises the crisis in Afghanistan in terms of intergenerational cycles of psychosocial dysfunction. But is the humiliation and hazards of Afghani women begging, for example, a psychological problem or a material one? How do psychosocial programmes address the women's poverty driving their begging? Of questionable efficacy, international psychosocial programmes may be experienced negatively as stigmatising and compounding recipients' humiliation. Disaster or war-affected populations, aid officials acknowledge, may view trauma counseling programmes as stigmatising and irrelevant to their needs (Wiles et al, 2000). In the high profile Kosovo humanitarian operation in 1999, relief workers admitted seeing few people who would regard themselves as suffering from any psychological disorder (Wiles et al, 2000). Yet international psychosocial programmes have had little to offer these cases. Indeed, the basic needs of the long-term mentally ill was surprisingly overlooked even in the relatively resource-rich emergencies in South-East Europe for all the hype over 'traumatised populations' in the aid literature. This neglect belies the hopes of some international aid officials that the new interest in trauma would help foster the interests of the mentally-ill. Yet all the vast sums and concern poured into post 9/11 trauma counseling has not discernibly furthered the interests of the long-term mentally ill on the streets of New York. So there is little grounds for believing that the preoccupation with trauma furthers the interests of the mentally ill elsewhere.

The call for therapeutic interventions as 'preventive medicine' (Volkan, 2001), following the precautionary principle of psychosocial risk management, even where populations appear resilient, may perpetuate psychological ill-being by denying populations' own coping strategies and creating unaccountable relations of dependency. As salutogenic studies suggest (Waysman et al, 2001), those who view themselves as being in charge of their fate are more likely to have positive outcomes. Ironically, however, the rise of international psychosocial model has been bound up with the erosion of sovereign equality in the international system and helped legitimise suspension of local political control and the establishment of *de facto* international protectorates under the international community, notably in Bosnia (Pupavac, 2004 forthcoming). International dependency has been highlighted as negative for a population's psychological well-being (de Jong et al, 1999). Longitudinal studies of mental health in these informal protectorates must take into account loss of political control in their analysis. Psychosocial interventions are correctly viewed with suspicion by many societies for their premise is a mistrust of the populations' psychological and moral capacity, with implications for their rights and freedoms.

The predominant international disaster psychology model only complicates recovery by endorsing vulnerability and making resilience conditional on professional interventions. The renunciation, even denunciation, of resilience in contemporary Western emotionology has been validated until recently. The dangers of validating vulnerability became apparent to policy-makers in the wake of the terrorist attack on the World Trade Centre. A nervous, 'post-traumatic' ethnopsychology is particularly susceptible to terrorist strategies designed to promote fear. Policy has to address how people may be

discouraged from being resilient in present Western cultural sensibilities. Researchers at the International Policy Institute of the War Studies Group at King's College London have recommended 'the need for an approach that clarifies people's values rather than emphasising their vulnerabilities' (Durodie and Wessely, 2002). Their approach is useful in recognising how a society's weak sense of social purpose makes people more psychologically vulnerable. A relativistic age does not encourage the development of strong characters fostered by the strong belief systems of the past. A loss of belief in humanity and human progress informs the contemporary humanitarian agenda and the malaise in Western societies more broadly and made it difficult to project an inspiring vision globally. Psychological recovery can only be realised from the overall circumstances and meaning of people's lives, and cannot be treated as a technical problems deliverable through emotional literacy programmes (Summerfield, 2002). However, the psychosocial aid package, as the new hope of humanitarianism, humanitarianism itself the last hope of the West (Rieff, 2002), embodies a misanthropic vision which casts doubt on the moral capacity of affected populations to recover.

Nevertheless, the breakdown of meaning and its expression in psychological vulnerability is not universal. Western-inspired psychosocial programmes represent a global lesson into vulnerability. The practical 'problem focused coping style' common to non-Western societies is far more useful than the 'emotion focused coping style' of contemporary Western therapeutic cultures in recovering from catastrophes (Summerfield, 2001). Therapeutic approaches, focused on feelings rather than activities, can legitimise the assumption of sick roles, furthering social disengagement and atomisation. A first step in national and international policy should be the re-validation of resilience. Individuals or groups should not be deemed in need of psychosocial preventive interventions simply because they have been through distressing experiences. Against the prevailing emotionology, it should be reiterated that distressing experiences may foster strength of character and stimulate latent communal support networks (Joseph et al, 1993). There is new interest in findings of resilience (Kendra and Wachtendorf, 2003; Rogers, 2003), but one should be wary how resilience itself is being pathologised in international psychosocial thinking as a condition that needs professional management. Even where appeal to a shared belief system remains elusive, strength of character may be encouraged by affirming people's professional abilities and courage displayed in emergency situations. Voluntarism to encourage latent communal responsiveness and social action, rather than fostering social disengagement in a sick role, could also be useful, but again voluntarism has been affected by the declining belief in social progress, as I have indicated in relation to the crisis of humanitarianism.

The lessons of resilience and social purpose are crucial for devising policies for disaster and war-affected populations internationally and for developing national responses to the new security threats confronting Western societies. Psychosocial interventions are inadequate and inappropriate for the task. A sense of meaning and social purpose is crucial to psychological well-being. The disorientation of the humanitarian mission underlies the rise of PTSD among humanitarian workers and the impulse to manage the psychology of war and disaster-affected populations. At the heart of the humanitarian mission and modern ethics was the belief in the moral capacity of fellow human beings,

but the international psychosocial model's equation of traumatisation with dysfunction is dehumanising and offensive. Affirmation of this core principle of humanism is fundamental to the future of humanitarianism and resolution of the contemporary crisis of social purpose and meaning.

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[1] Individuals commonly come across these schemes in their day to day lives. My daughter's primary school has set up a playground peacemakers initiative as have other schools in Nottingham and across Britain. I have been offered courses in self-esteem and self-analysis, for example, by the University of Nottingham staff development programme.

[2] BBC Radio 4 Today Programme dated Saturday February 7 2004.

[3] My thanks to Roger Bretherton, Lincolnshire NHS for this example.

[4] Mark Smith, 'Aslyum – An End or a Beginning?', presentation at Psychosocial Support for Children & Families Affected by Armed Conflict workshop organised by the Centre for Trauma Studies, Nottinghamshire Healthcare Trust, Nottingham on 31 March 2004. Mark Smith is Director of Development for Action for Children in Conflict whose 'founders were motivated by a pressing need to provide psychological support to child-victims of conflict'.

[5] Alison Strang, 'Exploring a Conceptual Framework for Psychosocial Programming in Regions affected by Conflict', presentation at Psychosocial Support for Children & Families Affected by Armed Conflict workshop organised by the Centre for Trauma Studies, Nottinghamshire Healthcare Trust, Nottingham on 31 March 2004. Alison Strang is co-ordinator of the Psychosocial Working Group. See www.forcedmigration.org/psychosocial

[6] Presentation by Sally Satel at a symposium Therapy Culture at King's College, London dated 22 November 2003 and e-mail dated 7 March 2004.